| Substitute f | or form 1449/PTO | | | | Complete if Known |
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| | | | | Application Number | 10/046,654 |
| INFO | RMATION DIS | CLOS | URE | Filing Date | October 26, 2001 |
| STAT | EMENT BY A | PPLIC | ANT | First Named Inventor | Neofytides, Cheryl L. |
| | | | | Art Unit | 3691 |
| (| Use as many sheets as r | necessary) | | Examiner Name | Olabode Akintola |
| Sheet | 1 | of | 1 | Attorney Docket Number | 020375-000220US |

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| Examiner Signature | /Olabode Akintola/ (04/28/2009) | Date Considered | |
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EXAMINER: Initial if reference considered, whether or not clasion is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant.

*Applicants unique claston designation number (optional, *Applicant's to by face a check mark here if English language Translation is attached.

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